

Case Number:	CM15-0040751		
Date Assigned:	03/10/2015	Date of Injury:	04/19/2012
Decision Date:	04/14/2015	UR Denial Date:	02/02/2015
Priority:	Standard	Application Received:	03/04/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: Massachusetts

Certification(s)/Specialty: Physical Medicine & Rehabilitation, Pain Management

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 47 year old male who sustained an industrial injury on 4/19/12. The injured worker reported symptoms in the bilateral upper extremities and back. The injured worker was diagnosed as having lumbar radiculopathy, lateral epicondylitis, observation and evaluation for unspecified suspected condition, radial nerve lesion, and internal derangement of knee not otherwise specified. Treatments to date have included oral pain medications, activity modification. Currently, the injured worker complains of right elbow pain, bilateral wrist tenderness with noted decreased grip strength, and tenderness to paravertebral muscles with restricted range of motion. The plan of care was for refill of medications and a follow up appointment with a physician regarding surgical process.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Flector DIS 1.3%, 30 day supply, qty: 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 (3) NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 60, 111-113, 68-71.

Decision rationale: The claimant is nearly 3 years status post work-related injury and continues to be treated for chronic pain including chronic right elbow pain. Medications include oral and topical NSAIDs. In terms of ketoprofen, guidelines recommend a dose of either 50 mg four times per day or 75 mg three times per day. In this case, the prescribed dosing is not consistent with guidelines recommendations and therefore, as is being prescribed, not medically necessary. In terms of the requested Flector patch, since the claimant's oral NSAID dosing is not consistent with guideline recommendations, the medical necessity of a topical NSAID is not established. Additionally, if a topical NSAID was being considered, a trial of topical diclofenac in a non-patch form would be indicated before consideration of use of a dermal-patch system. For these reasons, the requested medication is not medically necessary.

Ketoprofen 75mg #30 with 2 refills: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs (non-steroidal anti-inflammatory drugs).

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines 1) Medications for chronic pain, p60 (2) Topical Analgesics, p111-113 (3) NSAIDs, specific drug list & adverse effects, p68-71 Page(s): 60, 111-113, 68-71.

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